

Form CPF M 102: Campaign Finance Report Municipal Form

TOWN CLERK'S OFFIC Office of Campaign and Political Finance ARLINGTON. MA 02174

of Massachusers 2021 MAY	11 PM 3: 05					
Fill in Reporting Period dates:	13	ril 10	0, 2021	Ending Date:		rk or Election Commission
Type of Report: (Check one)	EIVED					
8th day preceding preliminary	3th day preceding election	<u>></u>	₹ 30 day afte	r election	year-end report	dissolution
Jeffrey D. Thielman			Committee	First 3-16 Third		
Candidate Full Name (f applicable)	-	Committee	o Elect Jeff Thiel	man mmittee Name	
Arlington School Committee			Christine Po	wer Thielman		
Office Sought and				Name of 0	Committee Treasurer	
37 Coolidge Road, Arlington, MA 02476 Residential Ad		-	37 Coolidge	Road, Arlington,		
E-mail: jeff.thielman(Committee Mailing Address			
Phone w to all the		-	E-mail:		rthielman@gmail.	
(78)) 859-9099	-	Phone # (options	nl):	(617) 571-55	07
	SUMMARY BALAN	CE	INFORM.	ATION:		
Line 1: Ending Bala	nce from previous report				\$1,822.6	57
Line 2: Total receipt	s this period (page 3, line 1)	1)			\$0.0	00
Line 3: Subtotal (line	e 1 plus line 2)				\$1,822.6	57
Line 4: Total expend	itures this period (page 5, li	ine I	14)		\$0.0	0
Line 5: Ending Balar	nce (line 3 minus line 4)				\$1,822.6	17
Line 6: Total in-kind	contributions this period (p	oage	6)		\$0.0	00
	tstanding liabilities (page 7))			\$0.0	50
Line 8: Name of ban	((s) used: Leader Bank					
Affidavit of Committee Treasurer: I certify that I have examined this report including activity, including all contributions, loans, receipts finance activity of all persons acting under the authorized under the penalties of perjury:	, expenditures, disbursements, in-kind	d cont	ributions and lial	ulities for this reports	ng period and represer L. c. 55.	all campaign finance arts the campaign
FOR CANDIDATE FILINGS ONLY:	Affidavit of Candidate: (check 1 b	ox or	nly)			
Candidate with Committee I certify that I have examined this report inclusionativity, of all persons acting under the authors incurred any habilities nor made any expenditure.	ily or on behalf of this committee in a	RECOVE	lance with the rec	nurements of M G 1	C \$5 has a not room	t of all campaign finance rived any contributions,
Candidate without Committee I certify that I have examined this report including contributions, loans campaign finance activity of all persons acting	, poemts, expenditures, disbursement	Is. in-	kind contribution	is and habilities for it	his reporting paried as	of sussessment of
iigned under the penalties of perjury	& helman			_(Candidate's signat	Date: M	lay 10, 2021

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)		
inc 9: Total Rece	ipts over \$50 (or listed above)				
Line 10: Total Reco	cipts \$50 and under* (not listed above)				
ine 11: TOTAL 1	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	SCHEDULE B: EXPENDITURES (continued)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
			What same to be a second of the second of th			
1			and the second s			
				1		
	Line 12: Expenditures over \$50 (or listed above)					
	Line 13: Expenditures S50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized bove.

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SCHEDOLE DE L'ADILITIES

 $M.G.L.\ c.\ 55$ requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well is those habilities incurred during this reporting period

Date Incurred	To Whom Due	Address	Purpose	Amount
				37
		f.	Nation of the second se	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	Page 7